NCPH
North Carolina Public Health
SCHS Studies
A Special Report Series by the State Center for Health Statistics
1908 Mail Service Center, Raleigh, N.C. 27699-1908
www.schs.state.nc.us/SCHS/

No. 146 **December 2004**

Health Risks and Conditions among American Indians in North Carolina

by

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ABSTRACT

Objectives: North Carolina has the eighth largest American Indian population in the United States. American Indians have high death rates for a number of specific causes of death. However, North Carolina has lacked comprehensive statewide information about health risks in its American Indian populations. The objective of this study is to examine health risks and conditions among adult North Carolina American Indians, in comparison to whites and African Americans, and to provide baseline data for health indicators among American Indians.

Data*:* The 2002-2003 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) data.

Methods: Unadjusted and age-adjusted percentages and adjusted odds ratios were calculated using weighted BRFSS data for 20 selected health indicators from five major areas: chronic conditions, risk factors, access to health care, preventive behavior, and quality of life.

Results*:* Seventeen of the 20 age-adjusted health indicators examined in this study showed a significant health disparity between American Indians and whites: diabetes (14.1% among American Indians vs. 6.8% among whites); high blood pressure (40.2% vs. 26.6%); asthma (16.4% vs. 11.1%); arthritis (36.3% vs. 29.1%); obesity (33.2% vs. 20.9%); not getting the recommended level of physical activity (71.0% vs. 59.0%); having no leisure-time physical activity (32.4% vs. 23.7%); consuming less than 5 servings of fruits and vegetables a day (80.3% vs.74.8%); not getting a flu shot in the last year (73.0% vs. 66.1%); not having current health insurance (19.2% vs. 13.4%); not being able to see a doctor due to cost (29.4% vs. 12.4%); not having a personal doctor (21.8% vs. 16.4%); fair or poor health (25.9% vs. 17.5%); disability (38.5% vs. 24.9%); 14 or more poor mental health days a month (13.9% vs. 8.8%); 14 or more poor physical health days a month (14.2% vs. 9.7%); and 14 or more activity-limited days a month (11.6% vs. 5.7%). Many of these differences persisted even after controlling for socio-demographic characteristics.

Conclusions: North Carolina American Indians adults have significantly higher rates of chronic conditions and risk factors, less access to health care, and lower quality of life compared to whites. The levels of these health problems are similar for American Indians and African Americans. To eliminate health disparities between American Indians and whites and improve the quality of life among American Indians (Healthy People 2010 goals), North Carolina needs to tailor health promotion and disease control programs to the American Indian population. The prevalence estimates provided in this study can serve as baseline information for designing and evaluating these programs.